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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	09/762,990
Filing Date	February 14, 2001
First Named Inventor	Jean-Loup Bernard
Group Art Unit	
Examiner Name	

Attorney Docket Number 15675P349

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 5px; width: fit-content;">return receipt postcard, declaration and power of attorney</div>
Remarks		The PTO did not receive the following listed item(s)  <div style="border: 1px solid black; padding: 5px; width: fit-content;">\$40 and Assignment</div>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	4/16/01

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/16/01

Typed or printed name	Lynda Shapiro
Signature	
Date	4/16/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 170.00)

## Complete if Known

Application Number	09/762,990
Filing Date	02/14/01
First Named Inventor	Jean-Loup Bernard, et al.
Examiner Name	
Group Art Unit	
Attorney Docket Number	15675P349

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEE	
Deposit Account Number	02-2666	Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130 205	65 Surcharge - late filing fee or oath	130
127	50 227	25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		139 130 139	130 Non-English specification
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		147 2,520 147	2,520 For filing a request for ex parte reexamination
2. <input checked="" type="checkbox"/> Payment Enclosed:		112 920 112	920 Requesting publication of SIR prior to Examiner action
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		113 1,840 113	1,840 Requesting publication of SIR after Examiner action
FEE CALCULATION			
1. FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355	Utility filing fee		
106 320 206 160	Design filing fee		
107 490 207 245	Plant filing fee		
108 710 208 355	Reissue filing fee		
114 150 214 75	Provisional filing fee		
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES			
Extra Claims	Fee from below	Fee Paid	
Total Claims 20 - 20** = 0	X 18.00 = \$0.00		
Independent Claims 1 - 3** = 0	X 80.00 = \$0.00		
Multiple Dependent Claims 0		= \$0.00	
02/14/2001			
02/14/2001			
Large Entity Small Entity 130.00 CP			
Fee Code (\$)	Fee Code (\$)	Fee Description	
103 18 203 9	Claims in excess of 20		
102 80 202 40	Independent claims in excess of 3		
104 270 204 135	Multiple Dependent claim		
109 80 209 40	**Reissue independent claims over original patent		
110 18 210 9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 0.00)		* Reduced by Basic Filing Fee Paid	
* or number previously paid, if greater. For Reissues, see above		SUBTOTAL (3) (\$ 170.00)	

SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	Eric S. Hyman, Reg. No. 30,139			Reg. Number
Signature				Date 4/5/01
	Deposit Account User ID	02-2666		

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